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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/663,542	09/15/2000	Mark D. Fidock	PC10349AGPR

FORMALITIES LETTER

Gregg C Benson
Pfizer Inc
Patent Department
MS 4159 Eastern Point Road
Groton, CT 06340



OC000000005572873

BEST AVAILABLE COPY

Date Mailed: 11/22/2000

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

- **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*

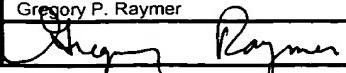
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

01/09/2001 ETULU1 00000082 161445 09663542

01-09-01 130.00 CH

JAN 05 2001 U.S. PATENT & TRADEMARK OFFICE FEE TRANSMITTAL		Complete if Known					
		Application Number		09/663,542			
		Filing Date		Herewith			
		First Named Inventor		Mark D. Fidock			
		Examiner Name		To be assigned			
		Group/Art Unit		To be assigned			
Total Amount of Payment		(\$130.00)		Attorney Docket No.			
1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to:		METHOD OF PAYMENT (check one)					
Deposit Account Number	16-1445				Fee Calculation (continued)		
Deposit Account Name	Pfizer Inc.				3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17.		<input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.1.8 at the Mailing of the Notice of Allowance.		Large Entity		Small Entity	
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid	
101	690	201	345	Utility filing fee		0	
106	310	206	155	Design filing fee			
107	480	207	240	Plant filing fee			
108	690	208	345	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1) (\$)				0			
2. EXTRA CLAIM FEES							
Total Claims	0	- 20** =	0	X	0	=	0
Independent Claims	0	- 3** =	0	X	0	=	0
Multiple Dependent							
** or number previously paid, if greater; For Reissues, see below							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	78	202	39	Independent claims in excess of 3			
104	260	204	130	Multiple dependent claim, if not paid			
109	78	209	39	**Reissue independent claims over original patent			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)				0			
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$)							
130.00							
SUBMITTED BY					Complete (if Applicable)		
Type or Printed Name	Gregory P. Raymer				Reg. Number	36,647	
Signature					Date	1/2/01	
Deposit Account User ID							
16-1445							